

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 16 1957

40075
STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 4205 Registrar's No. 12

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY HARRISON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY HARRISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) Gilman City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Gilman City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) Gilman City Mo		d. STREET ADDRESS (If outside, give location) 2049S	
3. NAME OF DECEASED (Type or print) First MATILDA Middle P Last PILEY		4. DATE OF DEATH Month 12 Day 5 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-21-1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	9. AGE (In years last birthday) 84
11. BIRTHPLACE (City and state or country) Liverpool England		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edward Chalk		13b. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Susie Hogan		Address Gilman City Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Stomach		INTERVAL BETWEEN ONSET AND DEATH 12-3-56 12-3-57	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151X	
19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 151X	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 12-3-57	
20f. CITY, TOWN, OR LOCATION 12-5-57		COUNTY Mo STATE Mo	
21. I attended the deceased from Death occurred at 8:00 a.m. to 12-3-57 and last saw her/him alive on 12-3-57 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Oliver F. Duffy (Describe or title) Mo		22b. ADDRESS Trenton Mo	
22c. DATE SIGNED Dec 6 1957			
23a. BURIAL, CREMATION, REMOVAL (to what?) BURIAL		23b. DATE 12-8-1957	
23c. NAME OF CEMETERY OR CREMATORY MASONIC		23d. LOCATION (City, town, or county) (State) Gilman City Mo	
24. FUNERAL DIRECTOR McLain Belknap		25. DATE RECD. BY LOCAL REG. 12-9-57	
26. REGISTRAR'S SIGNATURE Jella Mayes			

See also medical certificate in the same manner required by 192.140 MO RS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

547
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8: PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed MBL Juao

Licensed Embalmer No. 3899

P. O. Address Bethany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.